| (ORIGI | COMBINED DECLARATION AND POWER OF ATTO NAL. DESIGN. NATIONAL STAGE OF PCT, SUPPLEMENTA CONTINUATION OR CIP) | |
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| As a below n | amed inventor, I hereby declare that: | \$ 15.25 Sept. |
| | TYPE OF DECLARATION | 8.00 8 NAI |
| This declarate | ion is of the following type: (check one applicable item below) original design X supplemental | 68 |
| NOTE: If the | declaration is for an International Application being filed as a divisional, c ntinuation-in-part application do <u>not</u> check next item; check one of the last t national stage of PCT | ontinuation hree items. |
| DIVI. | e of the following 3 items apply then complete and also attach ADDED PAGE SIONAL, CONTINUATION OR CIP. divisional continuation X continuation-in-part | ES FOR |
| | INVENTORSHIP IDENTIFICATION | |
| WARNING: | If the inventors are each not the inventors of all the claims an expla including the ownership of all the claims at the time the last claimed should be submitted. | |
| believe I an original, fir | ce, post office address and citizenship are as stated below in the original, first and sole invention (if only one name is st and joint inventor (if plural names are listed below) of imed and for which a patent is sought on the invention enti | listed below) or and the subject matte |
| | TITLE OF INVENTION Satellite Broadcast Receiving and Distribution System | em |
| | SPECIFICATION IDENTIFICATION | |
| (a) | tion of which (complete (a), (b), or (c)) is attached hereto X was filed on April 10, 1997 asa Continuation-in-par or Express mail no., as Serial No. not yet known | t Serial No. |

| | | 37 CFR | | mae. | describ | ed and | claimed | in | рст | Internatio | nal | Annlia |
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POWER OF ATTORNEY

| | As a | named | inventor, | I hereby | appoint | the | following | attorney(s) | and/or | agent(s) | to |
|-----------|---------------|---------|-------------|------------|----------|------|-------------|----------------------------|----------|-----------|-----|
| prosecuit | uns | applica | tion and ti | ansact all | business | in t | ne Patent a | attorney(s) and Tradema | rk Offic | e connect | teď |
| therewith | . (<i>Li</i> | st name | and regis | tration m | mber) | | | | 0 | o comice | icu |

Lawrence L. Carnes Franklin J. Cona

Reg. No.: 39,128 Reg. No.: 33,855

Trinidad K. Dixon

Reg. No.: 38,433

(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept the following instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO

Carnes, Cona and Dixon 2894-A Remington Green Lane Tallahassee, FL 32308 (Name and telephone number)
Larry L. Carnes

(904) 386-8676

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

| Full name of sole or first inventor James A. Green, Sr. |
|---|
| Inventor's signature (12 mu) |
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| |
| |
| Full name of second joint inventor, if any Austin S. Coker, Jr. |
| Inventor's signature (after be |
| Date DEC. 31, 1997 Country of Citizenship LISA |
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| |

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

| | Declaration of the Declaration |
|----------|---|
| | Signature for third and subsequent joint inventors. Number of pages added |
| ·— | Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added |
| | Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added |
| <u>X</u> | Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. number of pages added |
| | * * * |
| | Authorization of attorney(s) to accept the follow instructions from representative. |
| | * * * |
| If no f | urther pages form a part of this Declaration then end this Declaration his page and check the following item |
| | x This declaration ends with this page |

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